

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7794

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

ST. Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

c. CITY  
OR  
TOWN

ST. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Deaconess

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS(If outside, give location)  
5919 Hamilton Terr.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First  
Clardy

Middle

Last  
Pate4. DATE  
OF  
DEATH

Month

7

Day

27

Year

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-4-1896 66

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10b. KIND OF BUSINESS OR INDUSTRY

Packing House

11. BIRTHPLACE (City and state or country)

Reform, Tenn

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Pate

13b. MOTHER'S MAIDEN NAME

Della Jones

14. NAME OF HUSBAND OR WIFE

Annie Pate

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

None

16. SOCIAL SECURITY NO.

961

17. INFORMANT

Annie Pate 5919 Hamilton Terr.

18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

① INTRINSIC ARTHMA - Emphysema

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

② ARTERIO SCLEROTIC HEART DISEASE

2 yrs

③ Parkinsonism

241 X

5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

② + ③

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1960

to July 27, 1962

and last saw her alive on July 27, 1962

Death occurred at

Wm. E. Magee, M.D.

3

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

52 Maryland Pkwy

22c. DATE SIGNED

7/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Aug 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Dunn Funeral Home 3847 Page

25. DATE RECD. BY LOCAL REG.

JUL 30 1963

26. REGISTRAR'S SIGNATURE

Hear Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse-side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur L. Hollis

Licensed Embalmer No. 4221

P. O. Address 300 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.